



26298

In re Application of:

KEITA OSHIMA

Application No.: 09/447,307

Filed: November 23, 1999

For: IMAGE FORMING APPARATUS FOR  
PERMITTING IMAGE FORMATION IN  
ACCORDANCE WITH IMAGE ATTRIBUTE,  
AND CONTROL METHOD THEREFORCommissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith is a Response To Office Action in the above-identified application.

 No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 20	MINUS	** 20	= 0	x \$9 \$18	\$ 0
INDEP. CLAIMS	* 9	MINUS	*** 9	= 0	x \$42 \$84	\$ 0
Fee for Multiple Dependent claims \$140°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

 <sup>o</sup>Verified Statement claiming small entity status is enclosed, if not filed previously. A check in the amount of \$\_\_\_\_ is enclosed.

Docket No. 03500.014054

Examiner: A. Evans

Group Art Unit: 2622

Date: December 2, 2002

I hereby certify that this correspondence is being  
deposited with the United States Postal Service as first-  
class mail in an envelope addressed to: Commissioner  
for Patents, Washington, D.C. 20231 on

12/31/02

(Date of Deposit)

Andrew D. Mickelsen, Reg. No. 50,957

Name of Attorney for Applicant

 12/31/02  
Signature Date of Signature

12/31/02

Date of Signature

Charge \$\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$400.00 to cover the fee for a two month extension is enclosed.

A check in the amount of \$\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.

Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



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Attorney for Applicant

Registration No. 50,957

FITZPATRICK, CELLA, HARPER & SCINTO  
30 Rockefeller Plaza  
New York, New York 10112-3801  
Facsimile: (212) 218-2200

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